## lication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

09823499

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			12				ſ	RATE	FEE	i	RATE	FEE
FOR			NUMBER F	FILED	NUMB	ER EXTRA		BASIC FEE	<sup>′</sup> 370.00	OR	BASIC FEE	740.00
	TAL CHARGEA	BLE CLAIMS	12 min	us 20=	* -		<u> </u>	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 minus 3 =					*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	,	OR	TOTAL	
RCE CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₽	Total	* 12	Minus	** 2	0	=		X\$ 9=		OR	X\$18=	
AMEN	Independent	* 3	Minus	***	3	= /		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	CLAIM	<u> </u>	3	+140=,		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_	RUDII. PEE		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] ]	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM	=	$\frac{1}{2}$	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	CLAIN		┛╏	+140=		OR	+280=	
							L 4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b>┧</b> ┟	X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		┧┟	+140=			+280=	
*	# If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	
** If the entry in column 1 is less than the entry in column 2, which is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## 09823497

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

8371-128

CLAIMS AS FILED - PART I (Column 1)						SMALL ENTITY TYPE			ITITY	OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS		12					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBE	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS   2 minus 2				us 20=	. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 = 1						>		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0"						olumn 2 ·	l	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - (Column 1)						(Column 3)	<b>)</b>	SMALL E	NTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 13	Minus		2	= /		X\$ 9=		OR	X\$18=	
AMEI	Independent		Minus	<		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=	
·							. •	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)				_		, and
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
MEÇ	Independent	•	Minus	***		=		X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3	<u>}</u>	ADDIT. 1 E.C.				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus		<b></b>		4	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									TOTAL			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.												